

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. **17801032**

Application No.

Applicant

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
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TOTAL IND	1					
TOTAL DEP	10					
TOTAL CLAIMS	11					

	★		★		★	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS